## ARIZONA STATE BOARD OF HEAL BUREAU OF VITAL STATISTICS Registered No , ACE OF BIRTH STANDARD CERTIFICATE OF BIRTH institution, give its NAME instead of street and number) (If birth occupied in a hospital of If child is not yet named, make supplemental report, as directed. 4. Twin, triplet or other Legitimate? .e answered ONLY vent of plural of birth 5. No., in order of birth. Full maiden nai 15. Residence (Usual place of abode) tace of abode If non-resident, give place and nt, give place and state (Years) 18. Birthplace (city or state e (city or place) (State or country) (State or country) 19. Occupation Nature of industry iture of industry 21. Were precautions taken against oph-Born alive and now living mber of children of this mother. thatinia neonatorum. (b) Born alive but now dead. as of tire of birth of child herein d and in juding this child). (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIF hereby certify that I attended the birth of this child, who was \*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature. (Physician or midwife). Given name added from Address a supplemental report Month, day, year

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